RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation
S.D. SEC. OF STATE

Return to Secretary of State, 500 E	. Capitol, Fiche, 3D 37.	
1. TITLE OF NEWSPAPER ALCESTER UNION 2. DATE 9-27-04		
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH		ANNUAL SUBSCRIPTION ICE \$ 22/26
WEEKLY 52		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
(Not printers) (10 E. IST. ST. POBOX 227, ALCESTER, SD 57001-0227 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) 110 E. IST ST., PO BOX 227, ALCESTER, SD 57001-0227		
6. FULL NAME OF PUBLISHER: PAUL B. BUUM		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name		
and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS		
PAUL & MICHELE BUUM, PO BOX 301, ALCESTER, SD 57601		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form. STATE BANK OF ALCESTER, PO BOX 168 ALCESTER, SD 5 700/		
MARY ETTA BROSE, 706 TRENE	DRIVE, KERVIL	LE, TX 78028
	AVERÅGE NO. COPIE	S ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 1	2 ISSUED
	MONTHS	NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1000	1000
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and	1	1.7
counter sales.	154	146
2. Mail Subscription	587	585
(Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION	,	
(Sum of 9B1 and 9B2)	741	731
D.FREE DISTRIBUTION	28	29
1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES COMPLIMENTARY AND OTHER EDGE		2)
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	53	/2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	822	772
F. COPIES NOT DISTRIBUTED	165	2 7.3
1. Office use, left over, unaccounted, spoiled after printing		212
2. Return from News Agents G. TOTAL (Sum of F. El and F2. Should equal not pross run	13	16
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1000	1000
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
Head De	PUBLISHE	CR
(Signature) (Title)		
Sworn to before me this 27th day of Sept., 2004		
State of South Dakota) Sworn to before the this of day of Jept , 2001		
County of 1 Inten 8 Notary Public		
My Commission Evoiros 5/9		
(Seal)	My commission expires:	The second contraction of the second contrac